

State of Minnesota**District Court****County of**

Judicial District: _____

Court File Number: _____

Assigned Judge: _____

Case Type: _____

Dissolution with Children**In Re the Marriage of:**_____
Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)**Petition For Dissolution Of
Marriage With Children**STATE OF MINNESOTA)
COUNTY OF _____)SS
(County where Petition is signed)**1. Information about Petitioner**Full Name: _____
First Middle LastAddress where you live: _____
Street Address Apt. No._____
City County State Zip CodeMailing address where you agree to receive papers for this case: ☐ Same as above address OR_____
Street Address Apt. No.

City County State Zip CodeDate of Birth: _____ Petitioner is the ☐ husband ☐ wife.
Month Day Year

List all of Petitioner's former or other names or write "None":

First Middle Last

First Middle Last**2. Information about Respondent**

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

☐ Respondent's address is unknown to Petitioner.

Respondent's Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

First Middle Last

First Middle Last

3. Our Marriage

Petitioner and Respondent were married on: (month, day, year) _____,

in the City of _____, County of _____, State of _____,

Country of _____.

4. 180 Day Requirement

Has Petitioner been living in Minnesota for the past six (6) months? ☐ YES ☐ NO

Has Respondent been living in Minnesota for the past six (6) months?

☐ YES ☐ NO ☐ UNKNOWN

5. Armed Forces

Is Petitioner an active duty member of the armed forces? ☐ YES ☐ NO

If YES, has Petitioner been stationed in Minnesota for the past six (6) months? ☐ YES ☐ NO

Is Respondent an active duty member of the armed forces? ☐ YES ☐ NO ☐ Unknown

If YES, has Respondent been stationed in Minnesota for the past (6) months? ☐ YES ☐ NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of my marriage relationship with Respondent and the marriage cannot be saved.

7. Physical Living Situation

Do Petitioner and Respondent live together at this time? ☐ YES ☐ NO

If **NO**, the date we separated was: _____.
Month Day Year

If **YES**, why are you living together at this time? _____

8. Other Proceedings

a. Has a separate court case for marriage dissolution, legal separation, custody, paternity or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere? ☐ YES

☐ NO If YES, the type of court case is: _____,
and it was started in _____ County in the State of _____
and the Court file number is _____, and the status or outcome of the case is:

☐ Open ☐ Closed ☐ I do not know

b. Has a County started a Support case involving the Petitioner and the Respondent or their children? ☐ YES ☐ NO If YES, the case was started in _____
County in the State of _____ and the Court file number is _____.

☐ **A copy of the Support Order is attached**, or the case is ☐ Dismissed, or ☐ Pending.

9. Protection or Harassment Order

Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent? ☐ YES ☐ NO

If YES:

a. The *Order* protects: ☐ Petitioner ☐ Respondent ☐ the child(ren) and the Order was filed in _____ County in _____ State on _____ date, and the Court file number is _____. **A copy of the Order is attached.**

b. Does the Order for Protection include an order to pay child support? ☐ YES ☐ NO

10. Juvenile Court Case

Is a Juvenile Court case (child protection, delinquency or foster care) involving husband's and wife's child(ren) taking place in Minnesota or another state? ☐ YES ☐ NO

If YES, the case is in _____ County in the State of _____ and the Court file number is _____. The name of the child or children involved in the Juvenile Court case is: _____.

11. Children Husband and Wife have Together

“Child” means a living person under age 18, or under age 20 and still in high school.

a. Are there any children born to or adopted by husband and wife together, either before or during the marriage? ☐ YES ☐ NO If YES,

Full Name of Child	Date of Birth	Age	Child Currently Lives With
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)

If a child is living with someone other than a parent, write the child's address here:

Address: _____
Street Address Apt. No.

City County State Zip Code

b. Has each child born to or adopted by husband and wife have together lived in Minnesota for the past six (6) months? ☐ YES ☐ NO

If **NO**, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state: _____

12. Adult Dependent Children

Support can be ordered for a child over age 18 who cannot support him/herself because of a physical or mental condition.

Is there an adult child born to or adopted by Husband and Wife who is not able to support himself or herself because of a physical or mental condition? ☐ YES ☐ NO

If **YES**, the full name, date of birth and age of each adult dependent is:

Full Name of Dependent	Date of Birth	Age

13. Pregnancy

a. ☐ Petitioner ☐ Respondent is the wife in this marriage.

b. Is wife pregnant? ☐ YES ☐ NO ☐ UNKNOWN

If wife is pregnant answer (i) and (ii):

(i) The date the baby is due is _____ OR ☐ UNKNOWN
Month Day Year

(ii) Do Wife and Husband agree that husband is the biological father of the unborn child?

☐ YES ☐ NO

If NO, ☐ Wife ☐ Husband claims husband is not the biological father of the child,
and Petitioner asks the Court to issue a separate order setting a hearing date for after
the birth of the child to determine Paternity, unless appropriate Recognition of
Parentage documents are signed by husband, wife and the biological father after the
birth of the child.

14. Husband's Children from Other Relationship

Does Husband have minor child(ren) from another marriage or relationship?

☐ YES ☐ NO ☐ UNKNOWN

If YES, the full name, date of birth and age of each child is:

Full Name of Child and Age	Date of Birth	Does Child Live with Husband?	Does Husband pay Court-Ordered Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. Wife's Children from other Relationship

a. Does Wife have minor child(ren) *born prior to the marriage* from another marriage or
relationship? ☐ YES ☐ NO ☐ UNKNOWN

If YES, the full name, date of birth and age of each child *born prior to the marriage* is:

Full Name of Child and Age	Date of Birth	Does Child Live with Wife?	Does Wife pay Court-Ordered Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Has Wife given birth, *since marrying Husband*, to a minor child who is not a

child of the Husband? ☐ YES ☐ NO

If **YES**, answer (i) , (ii), (iii) and (iv):

(i) List the full name, date of birth and age of each child born to Wife since marrying Husband, who is not a child of the Husband:

Full Name of Child	Date of Birth	Age

(ii) Is there a Court Order naming someone other than the Husband as the father of the child(ren) listed in (i) above? ☐ YES ☐ NO

If **YES**, attach a copy of the Order. The Order is for: _____
Full Name of Child(ren)

(iii) Have the Wife and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? ☐ YES ☐ NO

If **YES**, state the full name of the child: _____ and
attach a copy of the Recognition of Parentage.

If **NO**, why not? _____

(iv) Has the Husband signed the “Husband’s Non-Paternity Statement ” for any of the children listed at (i) above? ☐ YES ☐ NO

If **YES**, state the name of the child: _____

and **attach a copy of the "Husband's Non-Paternity Statement."**

If **NO**, why not? _____

16. Legal Custody of Children Husband and Wife Have Together

Legal custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

If you want legal custody to be the same for all of the children, check and complete (a); otherwise, check and complete (b).

☐ a. It is in the best interests of the parties' child(ren) that legal custody of **all** of the parties' minor children be granted as follows:

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR,

☐ b. It is in the best interests of the parties' child(ren) that legal custody be granted as follows:

Name of Child	Legal Custody should be granted:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

17. Physical Custody of Children Husband and Wife Have Together

Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren). *If you want physical custody to be the same for all of the children, check and*

complete (a); otherwise, check and complete (b).

- ☐ a. It is in the best interests of the parties' child(ren) that physical custody of **all** of the parties' minor children be granted as follows:

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR

- ☐ b. It is in the best interests of the parties' child(ren) that physical custody be granted as follows:

Name of Child	Physical Custody should be granted:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

18. Parenting Time

- a. It is in the best interests of the parties' child(ren) that parenting time with

☐ Respondent ☐ Petitioner be: (check one) ☐ supervised ☐ unsupervised ☐ reserved.

For supervised parenting time answer i. and ii. For reserved parenting time, answer iii.

- i. Explain how unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development: _____

ii. State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details: _____

iii. Explain why parenting time should be reserved: _____

If you checked "reserved", you are asking that the other parent be given no time with the children until further court order; you should skip to Question 19.

- b. It is in the best interests of the minor child(ren) that parenting time with ☐ Respondent ☐ Petitioner be scheduled as follows: *(If **joint physical** custody is requested, check both Respondent and Petitioner and clearly explain when the child is with each parent. You may attach a separate sheet of paper setting out the parenting time schedule or fill in the blanks below. If you are asking that parenting time be **reserved**, do not fill in a schedule.)*

Weekends: _____

Week nights or after school: _____

Holidays _____

School Release days _____

Birthdays (child's birthday, parent's birthday) _____

Summer _____

Telephone contact with the child(ren): ☐ Unlimited or ☐ Only at certain times as follows:
(describe the days and times when the parent and child(ren) may have telephone contact) _____

Other _____

19. Public Assistance

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

- a. Does Petitioner receive public assistance from the State of Minnesota? ☐ YES ☐ NO

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

- b. Does Respondent receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

- c. Do the children of the parties receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

☐ MFIP ☐ Medical Assistance ☐ Tribal TANF ☐ MinnesotaCare
☐ IV-E Foster Care

20. School

Is Petitioner currently enrolled in school? ☐ YES ☐ NO

If **YES**:

- a. The name of the school is _____.
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____ and the expected graduation date is _____.

Is Respondent currently enrolled in school? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

- a. The name of the school is _____.
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____ and the expected graduation date is _____.

21. Social Security or Disability Income

- a. Does anyone in Petitioner's household, including a child, receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? ☐ YES ☐ NO

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Petitioner is _____ and the amount received per month is: \$_____.

- b. Does anyone in Respondent's household, including a child, receive Supplemental Security

Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Respondent is _____ and the amount received per month is: \$ _____ OR ☐ UNKNOWN.

22. Petitioner's Employment

- a. Is Petitioner employed? ☐ YES ☐ NO Is Petitioner Self-Employed? ☐ YES ☐ NO
- b. Name and address of Petitioner's employer. (If Petitioner has more than one job, list the Name and Address of each employer.)

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City State Zip Code

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City State Zip Code

23. Petitioner's Income

The Income questions ask for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

- a. Petitioner's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions _____
- b. Petitioner has income from the following sources in the following amounts: (check all that apply)

Sources of Income**Amount per month (before taxes and deductions)**

☐ Self Employment Net Monthly Revenues \$_____

If you are **self employed**, calculate your net monthly revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition.

☐ Job with _____ \$_____ per month

☐ Second Job with _____ \$_____ per month

If you have a job or jobs, answer the questions in the table for each job. If you have more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours you work per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$_____	\$_____
Do you receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes, how much did you receive in commissions or bonuses last year? \$_____</p> <p>How much do you expect to receive this year? \$_____</p>	<p>If Yes, how much did you receive in commissions or bonuses last year? \$_____</p> <p>How much do you expect to receive this year? \$_____</p>

Petitioner's Other Sources of Income:

☐ Unemployment ----- \$_____ per month

☐ Social Security (SSDI or RSDI)----- \$_____ per month

☐ Supplemental Security Income (SSI)---- \$_____ per month

☐ MFIP----- \$_____ per month

☐ General Assistance----- \$_____ per month

☐ Investments or Rental Income----- \$_____ per month

☐ Pension----- \$_____ per month

☐ Workers Compensation \$_____ per month

☐ Other _____ \$_____ per month
Identify Source

Petitioner's **gross** income totals \$ _____ per month from jobs, self-employment and all other sources.

- c. Petitioner's deductions from monthly gross income: (Provide the total from all jobs, self-employment and other sources of income.)

The question asks for monthly deductions. If you are paid weekly, multiply the deductions shown on your pay stub by 4.33 to get monthly deductions. If you are paid every two weeks, multiply your deductions by 2.17. If you are paid twice a month, multiply by 2.

1. Federal income tax (from a pay stub, or use tax table and apply the tax filing status at 23(a)) \$ _____ per month
2. State income tax (from a pay stub, or use tax table and apply the tax filing status at 23(a)) \$ _____
3. Social Security (FICA) \$ _____
4. Medicaid/Medicare \$ _____
5. Reasonable pension deduction \$ _____
6. Monthly cost of health and dental insurance coverage you get through your employer or purchase on your own \$ _____

Or

An amount for actual monthly medical and dental expenses \$ _____

Explain what the expenses are for: _____

7. Union dues \$ _____
8. Child support or spousal maintenance order you currently pay \$ _____

Total \$ _____

If you have other deductions from pay, you may include them as living expenses at Question #24.

- d. Petitioner's **net** income totals \$ _____ per month, from all jobs and sources of income.

Subtract total deductions listed at (c) from gross income listed at (b).

- e. Does Petitioner receive child support payments? ☐ YES ☐ NO If YES, Petitioner receives child support payments from _____ (name(s) of payor(s)) in the total amount of \$ _____ per month.

24. Living Expenses for the Family

☐ a. Petitioner and Respondent and our children are still living together. Our current monthly living expenses for our family total \$_____.

OR

☐ b. Petitioner and Respondent are living separately. Our monthly family living expenses **before** we separated totaled \$_____. At this time, Petitioner's separate monthly living expenses total \$_____, and Respondent's monthly living expenses total \$_____ or ☐ are unknown to Petitioner. Of the total current monthly living expense for Petitioner, what dollar amount is for expenses just for the children that live with Petitioner? \$_____. Of the total current monthly living expenses for Respondent, \$_____ is for expenses just for the children that live with Respondent, or ☐ this is UNKNOWN.

25. Expenses for Special Needs for the Children

a. Is there a child of the parties who has special needs and extraordinary medical expenses?

☐ YES ☐ NO

If **YES**,

Name of child with special needs:_____

Describe the needs:_____

b. Does Petitioner's monthly living expense (stated at #24) include the special needs expenses for the child? ☐ YES ☐ NO

c. Does Respondent's monthly living expense (stated at #24) include the special needs expenses for the child? ☐ YES ☐ NO

26. Respondent's Employment

Is Respondent employed? ☐ YES ☐ NO ☐ UNKNOWN

Is Respondent Self-Employed? ☐ YES ☐ NO ☐ UNKNOWN

Name and address of Respondent's employer. (If Respondent has more than one job, list the Name and Address of each employer.)

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

27. Respondent's Income

a. Respondent's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions _____

OR ☐ Respondent's tax filing status is unknown to Petitioner.

b. Respondent has income from the following sources:

☐ Petitioner has no information about Respondent's income OR

☐ Petitioner does not have detailed information about Respondent's income, but has good reason to believe that Respondent's pay is \$_____ per ☐ week ☐ month ☐ year, with bonuses, overtime or commissions in the additional amount of \$_____ per ☐ week ☐ month ☐ year. This is Respondent's ☐ Net Income (after taxes and deductions) or ☐ Gross Income (before taxes and deductions.)

OR

☐ Petitioner has detailed information about Respondent's income. (If this is true, fill out the income information below.)

The Income questions ask for monthly income. If Respondent is paid weekly, multiply weekly income by 4.33 to get monthly income. If Respondent is paid every two weeks, multiply by 2.17 to get monthly income. If Respondent is paid twice a month, multiply by 2.

Sources of Income

Amount per month (before taxes and deductions)

☐ Self Employment Net Monthly Revenues \$_____

Calculate the net monthly revenues from self employment as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition, if possible.

☐ Job with _____ \$_____ per month

☐ Second Job with _____ \$_____

If Respondent has a job or jobs, answer the questions in the table for each job. If Respondent has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Is Respondent paid by the hour or does he/she have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours worked per week?	_____ hours	_____ hours
How much overtime pay does Respondent receive per week on average?	\$_____	\$_____
Does Respondent receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____

Respondent's Other Sources of Income:

☐ Unemployment ----- \$_____ per month

☐ Social Security (SSDI or RSDI)----- \$_____ per month

☐ Supplemental Security Income (SSI)---- \$_____ per month

☐ MFIP----- \$_____ per month

☐ General Assistance----- \$_____ per month

☐ Investments or Rental Income----- \$_____ per month

☐ Pension----- \$_____ per month

☐ Workers Compensation \$ _____ per month
☐ Other _____ \$ _____ per month
Identify Source
 Respondent's **gross** income totals \$ _____ per month from jobs,
 self-employment and all other sources.

- c. Respondent has the following deductions from gross income: (Provide the total from all jobs, self-employment and other sources of incomes.)

The question asks for monthly deductions. If Respondent is paid weekly, multiply the deductions shown on the paystub by 4.33 to get monthly deductions. If paid every two weeks, multiply the deductions by 2.17. If paid twice a month, multiply by 2.

1. Federal income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 27(a)) \$ _____
2. State income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 27(a)) \$ _____
3. Social Security (FICA) \$ _____
4. Medicaid/Medicare \$ _____
5. Reasonable pension deduction \$ _____
6. Monthly cost of health and dental insurance coverage \$ _____

Respondent gets through his/her employer or by purchasing
it on his/her own

OR

An amount for actual monthly medical and dental expenses \$ _____

Explain what the expenses are for: _____

7. Union dues \$ _____
8. Child support or spousal maintenance order that Respondent currently pays \$ _____
- Total Deductions** \$ _____

If there are other deductions from Respondent's pay, they may be included as living expenses at Question #24.

- d. Respondent's **net** income totals \$ _____ per month,

Subtract total deductions listed at (c) from gross income listed at (b).

- e. Does Respondent receive child support payments? ☐ YES ☐ NO ☐ UNKNOWN

If YES, Respondent receives child support payments from _____

(name(s) of payor(s)) in the total amount of \$_____per month.

28. Child Care Costs

Are there child care costs for the children of the marriage because of work or school? ☐ YES ☐ NO

If YES, **attach to this Petition** a receipt or signed letter from the child care provider showing the cost of child care, and answer (a) and (b):

- a. The daycare center or babysitter charges \$_____ per month. (If you pay by the week, multiply the weekly charge by 4.33 to get the charge per month.)
- b. The child care costs are paid as follows:

Petitioner pays \$_____per month

Respondent pays \$_____per month

The County pays \$_____per month through a County Subsidy.

29. Medical / Dental Insurance

- a. Does Petitioner have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO Dental: ☐ YES ☐ NO

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent ☐ All the Child(ren)
☐ Some of the children of the parties. Which child(ren) are covered?_____

and this dental insurance covers: ☐ Petitioner ☐ Respondent ☐ All of the Child(ren)
☐ Some of the children of the parties. Which child(ren) are covered?_____

- b. Does Respondent have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO ☐ UNKNOWN

Dental: ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent ☐ All the Child(ren)

☐ Some of the children of the parties. Which child(ren) are covered? _____

and this dental insurance covers: ☐ Petitioner ☐ Respondent ☐ All of the Child(ren)

☐ Some of the children of the parties. Which child(ren) are covered? _____

c. Do the children of the parties receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

d. Does Petitioner receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO

e. Does Respondent receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

30. Spousal Maintenance

a. Does Petitioner need spousal maintenance from Respondent? ☐ YES ☐ NO If **YES**, Petitioner is _____ years of age, Petitioner and Respondent have been married for _____ years. Petitioner has the following education: _____. Petitioner's gross monthly income totals \$ _____, Petitioner's monthly expenses total \$ _____, and Petitioner is not able to maintain the standard of living established during the marriage because: _____

_____.

b. Does Respondent need spousal maintenance from Petitioner? ☐ YES ☐ NO If **YES**, Respondent is _____ years of age, Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____ Respondent's gross monthly income totals \$ _____, Respondent's monthly

expenses total \$ _____, and Respondent is not able to maintain the standard of living established during the marriage because: _____

_____.

31. Vehicles

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by husband or wife together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle? ☐ YES ☐ NO

Does Respondent own a vehicle? ☐ YES ☐ NO ☐ UNKNOWN

List all vehicles owned by husband or wife together or separately:

Type of Vehicle (car, boat, truck etc.)	Year/Make/Model	Name(s) on Title	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

32. Marital Property

Marital property means almost anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital Property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already to the Petitioners' satisfaction? ☐ YES ☐ NO

If **NO**, Petitioner requests the following marital property: _____

_____.

33. Non-Marital Property

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

- a. Does Petitioner have non-marital property? ☐ YES ☐ NO

If YES, list Petitioner's non-marital property: _____

_____.

- b. Does Respondent have non-marital property? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list Respondent's non-marital property: _____

_____.

34. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments? ☐ YES ☐ NO

Does Respondent have money in banks, savings, cash or investments? ☐ YES ☐ NO ☐ UNKNOWN

If YES,

- a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #38.

Financial Institution	Type of Account	Account # Last 4 digits only	Amount	Belongs to: (name on account)
		XX	\$	

		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	

b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____OR ☐ UNKNOWN.

35. Business Interest

Does Petitioner have an interest in a business? ☐ YES ☐ NO

Does Respondent have an interest in a business? ☐ YES ☐ NO ☐ UNKNOWN

If YES, the name of the business is _____, the address is

and the value is \$_____. How did you arrive at this value?_____

36. Manufactured Home

Does Petitioner own a manufactured home? ☐ YES ☐ NO

Does Respondent own a manufactured home? ☐ YES ☐ NO ☐ UNKNOWN

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

a. Address of the manufactured home: _____

in the city of _____, state of _____

b. What type of home is it? (single, double-wide etc.)_____

c. Whose name(s) is on the title?_____

- d. When was the home purchased? _____
- e. What was the purchase price? \$ _____
- f. What is the current values of the home? \$ _____
- g. How did you arrive at that amount as the current value? _____

- h. How much money is still owed on the home? \$ _____
- i. If money is owed on the home, who is the money owed to? _____
- j. Do you own the land the home sits on, or do you rent a lot? ☐ Rent ☐ Own

Note: If you own the lot, you must list the land at Paragraph 37.

37. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

- a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO ☐ UNKNOWN
- d. How many properties are owned by you and your spouse in total? ☐ None ☐ One ☐ Two
☐ Three ☐ _____

If you or your spouse own real property, separately or together, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Petition, and label each sheet "Attachment to Petition of _____(your name)"

Real Property Information

1. Real Estate belongs to: (List full names of all owners) _____

2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street Address of the real property is:

City _____ State _____ Zip Code _____
The property is in _____ County.
4. Purchase date _____ (month , day, year) and purchase price: \$ _____
5. Mortgages or loans: (List all mortgages and loans on the property)
☐ There are no mortgages or loans on this property.
1st Mortgage: Amount currently owed \$ _____ and name of lender _____

2nd Mortgage: Amount currently owed \$ _____ and name of lender _____

Other mortgages or loans: _____

6. Current Market Value of this property: \$ _____
How did you arrive at this value? _____

7. This property is the homestead: _____ Yes _____ No

38. Retirement Plans

- a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO

If **YES**:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

- b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

☐ YES ☐ NO

If **YES**:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Petitioner began working at the job or joined the union or group plan is: _____

d) The type of plan is: (e.g. defined benefit, defined contribution) _____

e) The present value of the pension or plan is: _____

- c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

- d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

- a) The name of the plan is: _____
- b) The employer, union or group providing the plan is: _____
- c) The date Respondent began working at the job or joined the union or group plan is:

- d) The type of plan is: (e.g. defined benefit, defined contribution) _____

- e) The present value of the pension or plan is: _____

39. Debts

Does Petitioner have debt? ☐ YES ☐ NO

Does Respondent have debt? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list debts in your name, your spouse's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation. Fill in all information completely and attach another sheet of paper if necessary.

Money is owed to:	Money was used for:	Whose Name is on the Account and When was the Debt Incurred?		Balance Owed	Monthly Payment
		Name	Date		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**BASED UPON THE ABOVE INFORMATION, Petitioner requests that the Court issue a
final judgment and decree granting the following relief:**

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.

2. **Legal Custody**

☐ a. Granting **legal** custody of **all** of the parties' minor child(ren):

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR

☐ b. Granting **legal** custody of each minor child of the parties as follows:

Name of Child	Granting Legal Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

3. **Physical Custody**

☐ a. Granting **physical** custody of **all** of the parties' minor child(ren):

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR

☐ b. Granting **physical** custody of each of the minor children of the parties as follows:

Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

	to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

4. **Parenting Time**

(Choose a. or b.)

☐ a. Ordering that: ☐ Respondent ☐ Petitioner have: ☐ Supervised ☐ Unsupervised parenting time with the child(ren) based upon the following schedule, OR

☐ b. Ordering that parenting time be reserved.

Parenting Time Schedule

If joint physical custody is requested check both Respondent and Petitioner and clearly explain when the child is with each parent. You may attach a separate sheet of paper setting out the parenting time schedule, or fill in the blanks below.

If one parent has sole physical custody of one or more children, and the other parent has sole physical custody of another child or children, make and attach to this Petition two parenting time schedules to show when each parent has time with the children who live primarily with the other parent.

Weekends: _____

Week nights or after school: _____

Holidays _____

School Release days _____

Birthdays _____ (child's birthday, parent's birthday)

Summer _____

Telephone contact with the child(ren): ☐ Unlimited or ☐ Only at certain times as follows:
(describe the days and times when the parent and child(ren) may have telephone contact) _____

Other _____

5. **Child Support**

Ordering the payment of child support.

6. **Medical and Dental Insurance for the Minor Children**

Ordering **Medical** Insurance as follows:

- ☐ a. ☐ Petitioner ☐ Respondent to provide **medical** insurance for the minor child(ren) through his/her **employment**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, OR ☐ pay nothing toward the medical insurance costs.

OR

- ☐ b. ☐ Petitioner ☐ Respondent to provide **medical** insurance for the minor children by obtaining and paying for **private insurance**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, OR ☐ pay nothing toward the medical insurance costs.

OR

- ☐ c. If Medical Assistance or Minnesota Care is open for the child(ren), then requesting that the non-custodial parent be ordered to make a sum certain payment

as reimbursement through income withholding through the Minnesota Child Support Payment Center.

OR

☐ d. Reserving the issue of medical insurance for the minor children.

Ordering **Dental** Insurance as follows:

☐ a. ☐ Petitioner ☐ Respondent to provide **dental** insurance for the minor child(ren) through his/her **employment**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, OR ☐ pay nothing toward the dental insurance costs.

OR

☐ b. ☐ Petitioner ☐ Respondent to provide **dental** insurance for the minor child(ren) by obtaining and paying for **private insurance**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, OR ☐ pay nothing toward the dental insurance costs.

OR

☐ c. **Reserving** the issue of dental insurance.

☐ Other: _____

_____.

7. Unreimbursed Medical and Dental Costs for the Children

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance.

☐ a. Ordering each party to pay a fair share of the unreimbursed medical and dental costs for the

child(ren) of the parties, based on the relative incomes of the parties; **OR**

☐ b. Reserving the issue of unreimbursed medical and dental costs.

8. Medical and Dental Insurance for the Parties

☐ a. Ordering each party to provide for his or her own ☐ medical ☐ dental insurance.

☐ b. Ordering _____(full name) to provide ☐ medical ☐ dental insurance for _____(full name).

☐ c. Allowing _____(full name), at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.

☐ d. Reserving the issue of medical and dental insurance for the parties.

9. Child Care Expenses

☐ a. Ordering Petitioner and Respondent to each pay a share of the monthly child care expenses, according to Minnesota law; **OR**

☐ b. Reserving the issue of child care expenses.

10. Spousal Maintenance

☐ a. Maintenance is denied to Petitioner and Respondent.

☐ b. Reserving the issue of maintenance.

☐ c. Ordering ☐Petitioner ☐ Respondent to pay spousal maintenance to
☐Petitioner ☐ Respondent.

11. **Vehicles**

Awarding the vehicles as follows and ordering the party receiving the vehicles to pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

12. **Marital Property**

Dividing the parties' marital property, household goods, furniture and furnishings **either:**

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

13. **Non-Marital Property**

Dividing the parties non-marital property

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

14. **Cash and Accounts**

a. Awarding the savings, and investments as follows:

Institution	Type of Account	Account #	Amount	Awarded to
		(Last 4 digits only)		
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	

b. ☐ Awarding any cash not included in a. above to the party who currently has the cash OR

☐ Awarding the cash as follows: _____

15. **Business**

☐ None OR

☐ Awarding the parties' **business** as follows: _____

16. **Manufactured Home**

☐ None OR

☐ Awarding the manufactured home located at : _____

street address

city

state

to ☐ Petitioner ☐ Respondent. The debt on the manufactured home owed to: _____
_____ shall be paid by
☐ Petitioner ☐ Respondent.

17. Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband
and wife in the real property located at:

Street address _____
in the City of _____, County of _____,
State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by ☐ Petitioner
☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____.

☐ Other request regarding the property: (describe the request fully) _____

18. **Additional Real Property**

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband and wife in the real property located at:

Street address _____

in the City of _____, County of _____,

State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by ☐ Petitioner
☐ Respondent:

1st Mortgage: Amount currently owed: \$_____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$_____ and name of lender: _____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$_____.

☐ Other request regarding the property: (describe the request fully) _____

19. **Retirement Funds**

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows:

☐ 100% to Petitioner **OR**

☐ Dividing Petitioner's retirement benefits fairly and equitably between the parties.

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A. or 401(k) or other retirement fund as follows:

☐ 100% to Respondent **OR**

☐ Dividing Respondent's retirement benefits fairly and equitably between the parties.

20. **Debts**

☐ a. Dividing the debts as follows and ordering each party to hold the other harmless from any responsibility for the debts so divided. *Include all debts listed at 39 above.*

Debt Owed To:	To Be Paid By:

☐ b. Ordering that each party is solely responsible for paying any other debts incurred solely by him or her and ordering each party to hold the other harmless from any responsibility for such separately incurred debts.

21. **Name Change**

☐ Petitioner is not requesting a name change; OR

☐ Changing Petitioner's name to: _____
First Middle Last

22. **Other:** _____

23. Ordering such other relief as the Court deems just and equitable.

24. READ and SIGN the **Verification and Acknowledgments**.

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Petition is signed)

Verification and Acknowledgments

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota or in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d. I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other

